

FILED AUG 12 1957

THE CITY OF KANSAS
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3415

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3415

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Gilman City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3866 Charlotte</u>		d. STREET ADDRESS (If outside, give location) <u>1 Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>J.</u> Last <u>Roe</u>		4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 5, 1877</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
10a. FATHER'S NAME <u>John Ward</u>		10b. MOTHER'S MAIDEN NAME <u>Evelyn Baldwin</u>	
11. NAME OF HUSBAND OR WIFE <u>James T. Roe</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. HAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>None</u>	
15. INFORMANT <u>Miss Mark Perry</u>		16. ADDRESS <u>3866 Charlotte</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			18. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. CITY, TOWN, OR LOCATION COUNTY <u>—</u> STATE <u>—</u>	
23. I attended the deceased from Death occurred at <u>6:45 P.</u>		24. I attended the deceased from Death occurred at <u>7-18-57</u> and last saw her alive on <u>7-18-57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
25. SIGNATURE <u>E. R. Lyddon, Jr.</u>		26. ADDRESS <u>1027 E. 75, K.C.M.O.</u>	
27. DATE SIGNED <u>7-19-57</u>		28. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	
29. LOCATION (City, town, or county) <u>Gilman City, Mo</u>		30. (State)	
31. FUNERAL DIRECTOR <u>Walter L. Kely</u>		32. ADDRESS <u>Indep. Mo</u>	
33. DATE RECD. BY LOCAL REG. <u>7-20-57</u>		34. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William E. Taylor*

Licensed Embalmer No. *4225*

P. O. Address *Ridge, Md.*



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.